

US Family Health Plan (USFHP) Outpatient Referral and Pre-Authorization Guidelines

Important Information

- This list is not all inclusive and is subject to Tricare Prime benefit changes
- To verify benefit coverage call 1-800-808-7347
- All CPT Codes classified unlisted by the American Medical Association require Pre-Authorization (i.e. 49999, 69979)
- All services rendered by non-participating providers require Pre-Authorization
- All procedures performed in Ambulatory Surgery Centers (Place of Service 24) require a referral to be submitted to the health plan. Fax clinical documentation for services that require Pre-Authorization to 410-762-5205
- For additional information about USFHP, refer to the website at www.jhhc.com

No Referral or Pre-Authorization Required

- To ensure coordination of care, the referring physician must provide the member with a referral or script detailing the specialist services needed. No paperwork needs to be submitted to the health plan

Laboratory Services (in-network providers only)
Radiology Services (in-network providers only)

Annual Routine Vision Screening
(in-network providers only; Wilmer Eye Clinic and/or Block Vision providers)

Referral Required

- This section lists the services that require a referral from the PCP or referring physician, which must be submitted to the Care Management department
- Fax the universal referral form to Outpatient Intake Services at 410-424-4603
- For urgent requests, (*delay will seriously jeopardize the life or health of a member, or severe pain*) mark URGENT on fax or call Care Management at 1-800-261-2421 or 410-424-4480
- Members are required to obtain a paper referral from their PCP prior to seeking specialty office care

Ambulance (non-emergent)
Ambulatory Surgery Center (Place of Service 24)
Dialysis
Occupational Therapy - initial 12 visits

Physical Therapy - initial 12 visits
Routine Foot Care - only covered benefit for PVD & DM diagnosis
Smoking Cessation Counseling

Specialty Office Visits
Urgent Care Centers
Wound Clinic - initial 10 visits

Pre-Authorization Required

- The health plan will perform Medical Review of requested services before they are rendered
- Fax pertinent clinical documentation to Medical Review at 410-762-5205
- The requesting provider will be notified of all Pre-Authorization decisions
- Fax documentation for all Durable Medical Equipment (DME)/Durable Medical Supplies (DMS) to Medical Review at 410-762-5250
- For urgent requests, (*delay will seriously jeopardize the life or health of a member, or severe pain*) mark URGENT on fax or call Care Management at 1-800-261-2421 or 410-424-4480

Abortion, life threatening
Acne Surgery
Alveolectomy/Alveoplasty
Autologous Chondrocyte Implantation (knee)
Biofeedback
Blepharoplasty, Brow Ptosis, Entropion, Ectropion
Bone Anchored Hearing Devices
Botox Type A and B
Breast Reduction
Bunionectomy
Capsule Endoscopy
Cardiac Exercise Program - patients with PVD
Cardiac Rehabilitation
Carpal Tunnel Surgical Decompression
Clinical Trials (including NCI trials)
Cochlear Implants
Continuous Glucose Monitoring
CT Heart / Angiography
Developmental Delay Programs Including Autism
Dexa Scans

Diabetic Education
DME/DMS*
ECHO - Extended Care Health Option
External Counterpulsation
Feeding Programs
Genetic Testing
Gynecomastia Surgery
Hearing Aids (only active duty family members covered)
Home Health Care
Hospice
Hyperbaric Oxygen Therapy
Laser Treatment for Psoriasis
MEG/MSI - Magnetoencephalography
MRI of Breast
Neuropsychological Testing
Neurostimulators
Nutrition Counseling
Occupational Therapy >12 visits
Orthotics*
Osteogenic Stimulation for Fractures
PUVA - Phototherapy and Photochemotherapy

Physical Therapy >12 visits
PET - Positron Emission Tomography
Potentially Cosmetic Procedures*
Prosthetics
Pulmonary Rehabilitation
Pulse Dye Laser for Port Wine Stain
Radiofrequency Ablation for Chronic Back Pain
Rhinoplasty
Sclerotherapy
Septoplasty
Skin Tag Removal
Sleep Study (home only)
Speech Therapy
TMJ Treatment
Transplants (except corneal)
Ultrasound/CT Scan for Bone Density
Uvulectomy/Palatopharyngoplasty
Varicose Vein Ligation
Virtual Colonoscopy
Wound Clinic > 10 visits
Wound Vac

Behavioral Health

- Members call 410-424-4830 or 1-888-281-3186
- Providers call 410-424-4845 or 1-800-261-2429
- Fax treatment plan to 410-424-4839
- For Behavioral Health Provider & Appointment Locator Program call 1-888-309-4573
- For services which require Pre-Authorization the Health Plan will perform Medical Review before they are rendered

No Referral Required

Counseling and Psychiatric Services - initial 8 visits
Alcohol and Drug Treatment - initial evaluation

Pre-Authorization Required

Alcohol and Drug Treatment - continued care
Ambulatory Detox
Electro Convulsive Therapy
IOP - Intensive Outpatient Program

Pre-Authorization Required

Counseling and Psychiatric Services > 8 visits
Psychological Testing

Commonly Requested Non-Covered Services

- The following services are not part of the Tricare Prime benefit

Abortion, elective
Acupuncture
Artificial Insemination
Autopsy
Bed Boards
Bed Tray Table
Breast Ductal Lavage and Fiberoptic Ductoscopy
Category III CPT Codes (see Tricare policy for exceptions)
Chiropractic Treatment
Chux Pads
Cosmetic Procedures
Cryopreservation (reproductive)
Diapers (including pull-ups and Depends)
Electron Beam Computer Tomography
Enuretic Conditioning Program (bladder training)
Exercise Equipment and Devices
Exhaled Nitric Oxide Measurement
Extracorporeal Shockwave Therapy for Plantar Fasciitis

Eye Exercises (visual training/orthoptics)
Eye Glasses/ Lenses
Fecal DNA
Food Supplements (oral)
Harvesting Eggs/Sperm
Heating Pads or Lamps
Hot Water Bottle
Ice Bags
Immunizations for Elective Travel
Infertility Services
Interferential Therapy
In Vitro Fertilization
Infant Formulas
IDET - Intradiscal Electrothermal Therapy
Investigational Health Services/Equipment (not FDA approved)
LASIK Eye Surgery
LAUP - Laser Assisted Uvuloplasty

Light Box Therapy - Seasonal Affective Disorder (SAD)
Massage Therapy
Naturopathic Treatment
PET - Positron Emission Tomography for Dementia
Private Duty Nursing
Pulse Electrical Stimulation for OA of the Knee
Raised Toilet Seats
Refractive Corneal Surgery
Sex Change Procedure
Shoes (orthopedic)
Sterilization Reversal
Structural Modification to the home
Tricare Excluded Procedures
Vitamin and Mineral Supplements (oral)
Weight Management/Programs
Wheelchair Tray Table
Whirlpools/Whirlpool Bath Equipment

Resources

- The following resources may be helpful in meeting the needs of the USFHP member

Care Management - call 1-800-261-2421 or 410-424-4480
Customer Service - call 1-800-808-7347 or 410-424-4528
Dental (Discount Network) - call United Concordia at 1-800-332-0366
Extended Health Care Option Program (ECHO) - call 1-800-261-2421, option 3 then option 5
Health Education - call 1-866-391-1870
Pharmacy Pre-Authorization Requests - call Pharmacy Department at 1-888-819-1043, option 4
Retail Pharmacy Locations - call Rite Aid at 1-800-748-3243 or visit www.riteaid.com
USFHP Website - www.hopkinsmedicine.org/usfhp
TRICARE Policy Manual is at <http://manuals.tricare.osd.mil/>

*For related coding documents, please go to www.jhhc.com, Providers & Physicians, USFHP, Resources & Guidelines.